

URBAN/MUNICIPAL

CAZON HW C68

A56

1984

Hamilton-Wentworth Regional Dept. of Health

URBAN/MUNICIPAL

Board of Health

CAZON HW C69

A56

URBAN/MUNICIPAL

Annual Report 1984



Digitized by the Internet Archive
in 2023 with funding from
Hamilton Public Library

<https://archive.org/details/annualreportregi00unse>

-425387

1984 ANNUAL REPORT

REGIONAL MUNICIPALITY OF HAMILTON-WENTWORTH

DEPARTMENT OF HEALTH SERVICES

CONTENTS

	PAGE
Annual Report of the Medical Officer of Health 1984	1
Annual Report of the Associate Medical Officer of Health	3
Child and Adolescent Services - Annual Report for 1984	7
Dental Division - Annual Report for 1984	11
Inspection Division - Annual Report for 1984	20
Nursing Division - Annual Report for 1984	29
Nutrition Services - Annual Report for 1984	38
Venereal Disease - Total Cases Reported in 1984	44
Certain Communicable Diseases Reported - All Ages	45
Demographic Summary .	47
Vital Statistics .	48
Chief Causes of Death (1984)	48
Revenues and Expenditures 1984	49

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH 1984

I have the honour to report on the activities of the Health Department for 1984.

SPECIAL COMMITTEE OF HEALTH SERVICES

At the turn of the year, the previous Board of Health gave way to the Special Committee of Health Services of Regional Council. As a result of this change, we have gained the Regional Council's support on a number of matters: petitioning the Minister in regard to accident prevention; petitioning the Minister in regard to the prevention of hepatitis; etc. Within the staff of the Health Department itself, we have benefitted from improvement in our hiring practices and our negotiating with our bargaining unit and also have benefitted from a closer working relationship with the Engineering Department and the Social Services Department. Our benefit package for employees joining the Health Department in 1984 has been that of the Region and staff have utilized the several occasions for in-service development, i.e. management development workshops; stress management workshops; rapid reading workshops; as provided by the Personnel Department of the Region.

NEW PROGRAMMES IN THE HEALTH DEPARTMENT

We opened a Family Planning Clinic in Stoney Creek and it has been busy from its first day of operation. As well, the Ministry agreed to a subsidy for Serena as a part of our Family Planning Programme. In addition, we received approval for 2 programmes which were proposed by the Health Council of this Region and applied for by this Health Department. The Alcohol and Drug Referral Service will open in mid-1985 and will devote itself to assessing, referring and monitoring people of this Region referred to us by professionals and agencies because of a problem with either alcohol or drug abuse. In the same way, we applied for and got financial support for a Community Mental Health Programme aimed at assisting patients discharged from psychiatric hospitals and patients known to local physicians. We hope to see this programme commence in mid-1985.

TEACHING HEALTH UNIT

In collaboration with McMaster University, we applied for grant support for a teaching programme whereby we would continue and expand our relationship with the Faculty of Nursing of McMaster University and develop a programme for education of students in the M.D. Programme of the University. This application was well-received and the then Minister of Health, the Honourable Keith Norton, announced in May that funding for 3 full time professors and other supporting staff would be made available on the signing of an Affiliation Agreement between us and the University. As a result of this, we have been planning extensively for new quarters to accommodate this new activity.

MISCELLANEOUS ACTIVITIES

The Health Protection and Promotion Act was gazetted in mid-1984 and, as a result of this new legislation, we have been trying to develop operational plans. The Act requires a plan for the provision of School Health Services which must be shared with Boards of Education and accepted by them. This very worthwhile activity, however, requires a great deal of information which we are now determined to collect and tabulate for future plans.

In 1984, St. Joseph's Hospital Administration invited us to be a cooperating tenant in the new East End Facility which we expect will open in 1986.

With the support of Mrs. Anne Jones, Chairman of Regional Council, we were able to obtain a one-time grant of \$5,000.00 for our local Council on Road Trauma.

In mid-1984, we welcomed Mrs. Elizabeth Bourns, B.A., M.P.A., to our staff as Business Administrator.

A.I. Cunningham, M.D., D.P.H.,
D.T.M.H. (London),
Medical Officer of Health

ANNUAL REPORT OF THE ASSOCIATE MEDICAL OFFICER OF HEALTH

COMMUNICABLE DISEASE SERVICES - 1984

I have the honour to report on the activities of the Communicable Disease Services during 1984.

These services were placed under the direction of the Associate Medical Officer of Health in 1984, assisted by a communicable disease secretary, and working in cooperation with the heads of departments, public health nurses, inspectors, and clerical staff.

A General Procedure Manual and appropriate forms were generated for use in the Programme.

SIGNIFICANT ACTIVITIES DURING 1984

A. Tuberculosis In a Factory

In June, two cases of active pulmonary tuberculosis were diagnosed in a factory in Hamilton. The factory employed 220 persons, and manufactures iron ingots, the process involving the use of silica. Consequently, the workers are at risk of contracting silicosis, and pulmonary tuberculosis may result as a complication of this condition.

The Health Department, working with the plant management, the plant physician and nurse, the Ministry of Labour, and union representatives, set a plan by which the employees would be followed-up in order to prevent the spread of tuberculosis in the plant.

A team of public health nurses, and the factory nurse, carried out tuberculin skin tests on the employees, with the following results:

Number of persons with positive tuberculin skin tests	89 persons
Number of persons with negative tuberculin skin tests	131 persons
Total	<u>220</u>

All persons with a positive tuberculin skin reaction had a chest x-ray done, either by the Ministry of Labour's Unit, or through their family physicians. In addition, a chest physician received the health histories and chest x-ray reports of all persons with positive skin reactions and, where required, their chest x-ray films were made available to him.

The chest consultant reviewed the findings and saw those employees who needed further investigation. The consultant's reports were shared by the Health Department, each worker's family physician and the plant physician.

Three months later, the employees who had negative tuberculin skin tests were re-tested, and the eleven "converters" had chest x-rays taken. These persons were investigated by the chest consultant.

So far, no other case of active pulmonary tuberculosis has been identified in the plant.

During this period, several discussions and meetings were held between the participants, and recommendations were made by the Health Department for implementation by the management and staff of the plant.

B. Tuberculosis In a School

In October, 1984, a case of active pulmonary tuberculosis was diagnosed in a secondary school in Hamilton.

This time, the investigation involved 41 students and staff in the school, the skin testing being done by the public health nurses. Eleven persons were referred to a chest consultant for further follow-up.

No other cases of active pulmonary tuberculosis were diagnosed in this school.

THE SURVEILLANCE AND INVESTIGATION OF GASTRO-ENTERIC DISEASES

During this year, the public health inspectors investigated 323 gastro-enteric diseases which were notified to the Health Department. These included conditions such as Campylobacter Jejuni Coli, Salmonellosis, Shigellosis, Amoebiasis, Typhoid Fever and Giardiasis, as follows:

<u>Year</u>	<u>Number of Cases of Gastro-Enteric Diseases</u>
1982	83
1983	118
1984	141

Because the Health Department had been involved in small outbreaks of gastro-enteritis in some nursing homes in the area, during the previous festive seasons, a special meeting was held for the management and staff of these institutions. The topics discussed included proper food handling practices and preventive measures against gastro-enteric diseases.

The material presented was well-received by those who attended, and similar meetings will be held in the future.

THE RABIES PROGRAM

There was no outbreak of rabid animals in the Region during this year. However, there were the usual number of animal-biting incidents for which the victims, where appropriate, were given immunization against rabies.

The number of animals tested for rabies and those proven rabid are shown below:

<u>Year</u>	<u>Number of Animals Tested</u>	<u>Number of Animals Rabid</u>
1982	146	12 (8.2%)
1983	188	33 (17.5%)
1984	119	14 (11.7%)

Experience has shown that the public needs to be kept aware of the facts concerning rabies, and of the preventive measures which should be taken to avoid contracting the disease. Such measures include the vaccination of all dogs and cats, and caution against picking up or handling strangely acting or sick animals.

With this in view, a public health inspector promoted rabies seminars in elementary schools in the Region, concentrating on those schools in the rural areas. Thirteen (13) such courses were carried out during the year.

The Ministry of Health also provided a Rabies Van equipped with a video and attractive billboards. The inspector accompanied the van to the following locations:

The University Plaza
Galt Livestock Animal Auction
Eastgate Square
Limeridge Mall
Centre Mall
The Circle M Flea Market

This Rabies Van generated a considerable amount of interest, and was an excellent way to promote public awareness of this deadly disease.

THE SEXUALLY TRANSMITTED DISEASES (S.T.D.) PROGRAMME

In August, 1984, a public health nurse was designated to be responsible for the contact tracing, statistics and community education regarding sexually transmitted diseases in the Region. The nurse attends the Hamilton General Hospital's Special Treatment Clinics, interviews clients, collects statistics and liaises with the clinic staff.

The nurse is also responsible for providing information and counselling, requested by the general public via the S.T.D. Hotline (Tel: 528-5894).

I wish to thank Dr. Cunningham, Mrs. Patricia Dean, the communicable disease secretary, and the nursing and inspection staff for the support which they have given this programme during the year.

Respectfully submitted,

Lorna M. Browne, M.B., Ch.B., D.P.H.,
Associate Medical Officer of Health

CHILD AND ADOLESCENT SERVICES - ANNUAL REPORT FOR 1984

During this past year we became a part of the Regional Municipality of Hamilton-Wentworth. The Clinic's long term planning committee began to explore the benefits of a Children's Mental Health Clinic being part of a regional government, and concerns were expressed about the ongoing need to advocate for children. As well, the problem of replacing a Senior Clinician and being able to offer only two weeks holidays in the first three years was identified as an important concern for future recruitment and resource allocation.

Several staff changes occurred. Mr. John Prinzen, Team Co-ordinator and Senior Social Worker, decided on an early retirement after sixteen years of dedicated service at the Clinic. He was replaced by Mr. Gord Greenway through internal promotion. Mrs. Karen Timmerman filled the vacancy provided by Mr. Greenway's promotion. Mrs. Christel Vonk-Zeyl accepted a part-time position with a local counselling agency and her position was filled by Mrs. Patricia Webber-Callaghan, Social Worker. Mrs. Barbara O'Neill (Whitcroft) accepted a position in the London area, and she was replaced by Mrs. Hilary Meggison, Child Care Worker. The changes in staff placed an additional burden on team co-ordinators through time required in recruitment and in orientation/training. For the most part the transition was smooth and the impact on service was kept to a minimum.

In April, 1984, Dr. Paul Hurst resigned to go into private practice. His position was not filled because of budget constraints and anticipated difficulties in recruiting a replacement at the level of a Ph.D. Psychologist. The Clinic has been successful in retaining Dr. Hurst on a consultative basis for one day a week. A portion of the money allocated to the vacant position was utilized to hire Ms. Cynthia Fobert as a part-time psychometrist.

Table I shows a continuing trend towards a lower Clinic caseload and the explanation for this is a further trend towards short term treatment and more efficient case management.

TABLE I
TOTAL CASELOAD

YEAR	NEW CASES	RE-REFERRALS	CARRIED OVER FROM PREV. YEAR	TOTAL
1983	497	156	834	1487
1984	456	137	807	1400

The referrals for 1984 show a slight decrease and a similar ratio in terms of children/adolescents and males/females as compared to the previous year. These comparisons are shown in Tables II and III below.

TABLE II
REFERRALS BY AGE

YEAR	UNDER 13	%	OVER 13	%	TOTAL
1983	271	54.5	226	45.5	497
1984	255	55.9	201	44.08	456

TABLE III
REFERRALS BY SEX

YEAR	MALES		FEMALES		TOTAL
	NO.	%	NO.	%	
1983	308	61.97	189	38.03	497
1984	287	62.94	169	37.06	456

The source of referrals for 1984 show an increase in referrals from physicians, and this seems to be related to a summer project which obtained feedback on the community's perception of the Clinic, with the added result of making physicians more aware of the existence of the Clinic.

TABLE IV
NEW REFERRALS BY SOURCE OF REFERRAL IN PERCENTAGES

	1983	1984
Parents	42.66	35.75
Court Related	19.52	13.60
School	14.29	13.82
Physicians	11.87	21.71
C.A.S.	5.63	6.36
P.H.N.	3.22	4.39
Other	2.81	4.39

Table V provides an overview of the types of problems referred to the Clinic. There is a preponderance of referrals where the major presenting problem is "disruptive behaviour" and this often accompanied by disruptive family situations. These cases have increased approximately 9% over last year.

TABLE V
PRIMARY PROBLEM OF CLOSED CASES 1984

	NUMBER	%
School and Learning	76	11.9
Thought and Perception	3	.5
Disruptive Behaviour	432	67.6
Social Withdrawal	78	12.2
Bodily Function	42	6.6
Mental Retardation	0	0
Other	8	1.2

The monthly activity sheets provide an overview of the type of involvements of Clinic staff in relation to different services and programs. A summary is provided below.

TABLE VI

STAFF ACTIVITIES IN 1984 BY PROFESSIONAL
DISCIPLINE AND SERVICE/PROGRAM
(IN PERCENTAGE)

	INTERNAL/ EXTERNAL ASSESSMENT	TREATMENT	GROUP SERVICES	ADMIN. SUPPORT	OTHER PROGRAMS	TOTALS
PSYCHOLOGY	11.64	12.82	.33	5.65	1.32	31.79
SOCIAL WORK	3.84	19.26	1.83	9.61	6.07	40.63
CHILD CARE	.07	9.42	2.43	.83	.10	12.88
SPEECH	0	5.07	.23	3.30	.19	8.80
PSYCHIATRY	.49	3.12	.006	.16	.11	3.91
OTHER	0	.15	.01	.13	1.67	1.97
TOTALS	16.07	49.87	4.85	19.70	9.48	100.0

This table identifies that the major activity for the Clinic is the provision of treatment services, followed by the provision of assessments for the Courts and Probation services, and child welfare agencies. It will be noted that in comparison to 1983 there was an increase in administrative support and other programmes. These increases relate to the additional time involved in preparing for an automated information system and offering consultation to community agencies. It is also important to note that there has been resource decrease in child care work and in speech while psychology has remained the same and social work has increased.

Respectfully submitted,

H.C. VanDooren, M.S.W., Adv.Dip.S.W.
Clinical Director

DENTAL DIVISION - ANNUAL REPORT FOR 1984

I have the honour to report on the activities of the Community Dental Service during 1984.

DENTAL TREATMENT PROGRAMME

Subsidized dental treatment was sought by 1,025 Regional families of which 933 were accepted in the Treatment Programme. In addition, physicians and families requested dental services for 75 residents of St. Peter's Centre in 1984.

Number of Families Applying	1,025
Number of Families Eligible	933
Number of Families Ineligible	92

i) Status of Families Accepted

Employed	352	37.73%
Unemployed	256	27.44%
Social Services	251	26.90%
Pension, D.V.A., W.C.B., Disability	74	7.93%
Total	933	100.00%

ii) Number of Reapplications 348

1. Interceptive Orthodontics

The Regional Dental Clinics continued to provide minor, preventive, orthodontic treatment to our children patients, thereby reducing the need for both extensive and expensive orthodontic treatment by a specialist. However, cases beyond our scope were referred to specialists. The following orthodontic services were provided.

- a) 10 Inclined Planes for Cross Bite Correction.
- b) 1 Hawley Appliance.
- c) 17 Space Maintainers.
- d) 19 Extractions for Orthodontic Purposes.

2. St. Peter's Centre

The following dental services were provided to the elderly residents during the 44 half days worked at the Centre.

- a) 188 Appointments.
- b) 75 Examinations and Consultations.

- c) 27 Scalings, Prophylaxes and Fluorides.
- d) 15 Amalgam Restorations.
- e) 12 Composite Restorations.
- f) 56 Extractions.
- g) 1 Root Canal Therapy.
- h) 22 Relines.
- i) 8 Complete Dentures.
- j) 5 Denture Repairs.
- k) 25 Other Services.
- l) 47 Completed Cases.

3. Hamilton Board of Education and Hamilton General Hospital

In addition to the "Work Week" placements, dental assisting students of the Co-op Programme from Sir Allan MacNab School were assigned to the Regional Dental Clinics receiving on-site training and gaining invaluable, practical experience for future employment. The Treatment Programme continues to contribute to the concept of a Teaching Health Unit by placements such as those mentioned above and by being involved in teaching dental interns at the Hamilton General Hospital.

4. Dental Treatment Data

a. Recall Patient Status

<u>Year</u>	<u>Total Recalls</u>	<u>Caries Present</u>	<u>Caries Free</u>
1982	1,659	649 (39.1%)	1,010 (60.9%)
1983	2,008	573 (28.54%)	1,435 (71.46%)
1984	2,516	529 (21.03%)	1,987 (78.97%)

The recall patients continue to exhibit a decline in the rate of Dental Caries. The primary aim of Public Health is to minimize or prevent disease and, through such contributing factors as the Fluoridation of Water Supply, School Dental Health Programmes and emphasis on good oral hygiene, the Dental Division appears to be achieving this goal.

b. Dental Treatment Services (Including St. Peter's)

	<u>St. Crk.</u>	<u>E.E.1</u>	<u>E.E.2</u>	<u>Hess</u>	<u>Mtn.</u>	<u>Total</u>
Total No. of Appointments	754	1,805	845	2,024	2,150	7,678
Examinations	397	920	509	1,036	1,345	4,207
Radiographs	541	1,567	688	1,787	2,151	6,734
Prophylaxis	364	886	475	1,071	1,199	3,995
Topical Fluoride	367	901	474	1,070	1,188	4,000
O.H.I.	26	207	37	242	254	766
Decid. Extractions	26	67	26	299	83	501
Perm. Extractions	3	41	11	76	33	164
Amalg. 1 Surface	296	372	196	882	316	2,062
Amalg. 2 Surface	223	556	174	744	266	1,963
Amalg. 3 Surface	43	116	55	176	24	414
Anterior Restorations	76	135	106	197	51	565
S.S. Crowns	0	0	0	0	1	1
Pulpotomies	18	108	14	179	48	367
Root Canal Treatment	3	15	2	32	16	68
Space Maintainers	1	9	0	2	5	17
Complete Dentures	0	0	0	8	0	8
Denture Repairs	0	0	0	5	0	5
Denture Relines	0	0	0	22	0	22
Sealants	97	408	137	76	411	1,129
Other Services	29	207	58	383	117	794
TOTAL PROCEDURES	2,510	6,515	2,962	8,287	7,508	27,782
Emergencies	30	82	33	66	105	316
Individual Patients	371	922	480	1,031	1,263	4,067
COMPLETED CASES	364	920	475	993	1,180	3,932

In 1983, the clinical dentists completed 3,595 cases but, as the above figures indicate, 3,932 cases were completed in 1984, an increase of approximately 10%.

c. Monetary Statistics

	<u>Approximate Retail Value</u>
Examinations	4,207
Radiographs	6,734
Prophylaxes	3,995
Top. Fluoride	4,000
O.H.I.	766
Decid. Extractions	501
Perm. Extractions	164
	\$126,210.00
	40,404.00
	111,860.00
	40,000.00
	7,660.00
	14,028.00
	4,592.00
 <u>Dental Restorations</u>	
1 Surface Amalgams	2,062
2 Surface Amalgams	1,963
3 Surface Amalgams	414
Acid Etch Composites	565
Stainless Steel Crown	1
	43,302.00
	86,372.00
	20,700.00
	25,425.00
	50.00
 <u>Miscellaneous</u>	
Pulpotomies (deciduous)	367
Root Canals (permanent)	68
Emergencies	316
Space Maintainers	17
Sealants	1,129
	8,808.00
	17,000.00
	6,320.00
	2,210.00
	11,290.00
 <u>St. Peter's Prosthodontics</u>	
Denture Repairs	5
Denture Relines	22
New Dentures	8
	150.00
	2,244.00
	2,640.00
 <u>Other Services</u>	
Sedative Restorations	
Orthodontic Appliances	794
	8,830.00
TOTAL PROCEDURES	27,782
	\$584,095.00

d. Comparison of Costs - Our Services versus Market Value

	<u>Based on 1984 Budget (1983)</u>	<u>1984 Market Value</u>
Cost per Completion	\$ 80.00	(84.00)
Cost per Appointment	41.00	(37.00)
Cost per Individual	78.00	(80.00)
Cost per Family	313.00	
Cost per Procedure	11.00	
		\$149.00
		76.00
		144.00
		579.00
		21.00

The above figures indicate that the Regional Dental Clinics are able to provide comparable treatment at costs which are considerably less than the customary market prices.

e. Courses, Conventions and Conferences

Once again, a majority of staff members attended the Ontario Dental Association Convention in May and the Winter Clinic in Toronto held in November 1984.

DENTAL PREVENTION PROGRAMME

The staff of four Dental Hygienists and four Dental Assistants continued to provide Preventive Dental Health Services in schools as well as in the community during 1984 in order to promote and achieve optimum dental health among the residents of our Region. The following services were conducted:

1. Fluoride Programme

a. Fluoridation of Water Supply

Although this service is under the aegis of the Ministry of the Environment, the Preventive Section ensures that the optimum level of fluoride concentration is maintained in the piped water. The levels were monitored throughout the year by random tests and monthly reports from the Regional Laboratories.

b. Well Water Testing

Fifteen residents of peripheral Regional communities requested the determination of parts per million of fluoride present in their well water. Appropriate information was forwarded to the people requesting this service.

c. Fluoride Mouth Rinse Programme

	<u>Number of Schools</u>	<u>Number of Sessions</u>	<u>Number of Rinses</u>
City Schools	30	591	147,251
County Schools	51	969	219,526
<u>TOTAL</u>	<u>81</u>	<u>1,560</u>	<u>366,777</u>

Approximately 18 - 20 sessions were conducted in the schools receiving this service. In 1984, the participation rate was slightly below 90%.

d. Topical Fluoride Application

This service is a combined effort between the Treatment and Preventive Sections, the major work being done by the clinical division.

	<u>Number of Topical Fluoride Applications</u>	<u>Number of Prophylaxes</u>
Number of Fluoride Clinics - 2	28	-
Number from Dental Clinics (Including St. Peter's)	4,000	3,995
<u>TOTAL</u>	<u>4,028</u>	<u>3,995</u>

2. Dental Health Education and Oral Hygiene Instruction

Although the primary focus of this programme remains school based, these services are also offered to various other community groups depending upon the availability of time. The following description and figures indicate the extent of this programme in 1984.

a. School Dental Health Service

	<u>Numbers Educated</u>	<u>Numbers Brushed</u>	<u>Parents Present</u>
Hamilton Board	22,839	21,930	557
Separate Board	16,604	16,111	290
Wentworth Board	9,250	8,973	-
<u>TOTAL</u>	<u>48,693</u>	<u>47,014</u>	<u>847</u>

b. Private Schools

<u>Numbers Visited</u>	<u>Numbers Educated</u>	<u>Numbers Brushed</u>	<u>Exams</u>	<u>Parents Present</u>
8	1,166	1,045	627	27

c. Nursery Schools

<u>Numbers Visited</u>	<u>Numbers Educated</u>	<u>Numbers Brushed</u>	<u>Exams</u>	<u>Parents Present</u>
16	421	418	294	202

d. Amity

<u>Number of Sessions</u>	<u>Numbers Educated</u>	<u>Numbers Brushed</u>	<u>Exams</u>	<u>Referrals</u>
13 (1/2 days)	191	86	176	20

e. Participation Hours

<u>Number of Sessions</u>	<u>Numbers Educated</u>	<u>Numbers Brushed</u>	<u>Exams</u>	<u>Referrals</u>
7 (1/2 days)	37	142	12	34

f. In-Service Nursing Staff

	<u>Numbers Educated</u>
Beacon Hill Lodge	24

g. R.N.A. Graduating Class

<u>Numbers Educated</u>	<u>Numbers Brushed</u>
153	153

h. Trainable Handicapped

<u>Number of Visits</u>	<u>Numbers Educated</u>	<u>Numbers Brushed</u>	<u>Exams</u>	<u>Referrals</u>
7	388	355	303	50

i. Health Centres

	<u>Numbers Educated</u>	<u>Numbers Brushed</u>
Post-Psych	25	25
Lawson Lodge	9	9
Charlton House	50	50
Chedoke Adolescent	13	13
C.P. Centre	13	13

j. Miscellaneous Services

	<u>Numbers Educated</u>	<u>Numbers Brushed</u>	<u>Exams</u>	<u>Parents Present</u>
Pre-School Registration	26			26
Dundas Recreation Centre	45	45	45	-
Ottawa Street Day Camp	10	10	-	-
Queen Street	30	30	-	-
Ainslie Wood	8	8	-	-
Westfield Academy	14	14	-	-
Shalom Village	25	10	-	-
Career Days	80	-	-	-

k. Ministry of Health Survey

In 1984, a total of 2,827 students were examined from randomly selected schools. A detailed dental health status was recorded and this data was forwarded to the Ministry of Health for analysis.

1. Composite of Services

<u>Numbers Educated</u>	<u>Numbers Brushed</u>	<u>Exams</u>	<u>Parents Present</u>
51,371	49,400	4,306	1,102

3. Miscellaneous Activities

a. Pre-School Registration

This service was conducted with the help of the staff of the Nursing Division. Approximately 46% of the registration cards were returned by the area dentists denoting whether the child's work was completed or that he/she did not require any treatment.

b. Sir Allan McNab High School

Students from the Dental Assisting Programme of this high school spent a work week with our staff learning the programmes and services and gaining an insight into Public Health.

c. Dental Health Week

Mrs. Anne Jones, Chairman of our Region, proclaimed this week in her offices with children and staff from Westview School present. A radio talk show, mall displays, visits to High Schools and Senior Citizen Centres were some of the other activities carried out during this dental health promotion week.

d. Courses, Conferences and Conventions

Once again, the majority of our staff attended courses - the May Convention and the Winter Clinic in November 1984.

ACKNOWLEDGEMENTS

I would like to take this opportunity to express my thanks to the following:

1. My entire staff.
2. The local School Boards for their cooperation.
3. The Parent-Volunteers.
4. Proctor and Gamble and Colgate-Palmolive for their donation of dental health kits.
5. The Nutrition, Nursing and Administrative Divisions for their on-going assistance.

I would be remiss if I did not thank you, Dr. Cunningham, for your guidance and help throughout the year.

Respectfully submitted,

S.K. Tandan, B.D.S., D.D.S., D.D.P.H.
Director, Community Dental Services

INSPECTION DIVISION - ANNUAL REPORT FOR 1984

I have the honour and privilege to submit this report on behalf of Mr. A.A. Tomlinson, Director of Inspection in 1984, who completed this report almost in its entirety. This is his last report, which precedes his retirement.

Personnel

With the advent of an educational assistance program, funded by the Ministry of Health to upgrade the Public Health Inspection staff, Chief Inspector Frank Shimoda attended Ryerson Polytechnical Institute to complete a degree program in Environmental Health. Staff Inspector James Ford was appointed Acting Chief Inspector in his place, and a qualified Public Health Inspector filled in for Mr. Ford on a temporary basis. This type of educational encouragement and support by the Ministry of Health in cooperation with our Regional Municipality, is a positive step in improving our service to the public.

A directive from the Ministry of Health revealed that our Mosquito Control Program will be no longer in effect. Consequently, we were only able to employ 3 summer Public Health Inspector students, but were still able to maintain Core Program requirements.

Our monitoring of bathing beaches was slightly modified in as much as collection of water specimens for analysis was suspended in inclement weather when beaches were not in use. However, any warnings posted during this period were maintained.

Since the replacement of the Public Health Act by the Health Protection and Promotion Act, new and supporting legislation for Food Premises (Ontario Regulation 243/84) and for Swimming Pools (Ontario Regulation 381/84) was forthcoming in 1984. Although the changes to former legislation were minor, meetings were held with our staff to ensure understanding and intent.

The Town of Stoney Creek, with a population in excess of 30,000, has now been proclaimed a City by an Act of Parliament. Due to a shortage of staff, only one Public Health Inspector was assigned to the new City. Subsequently, we were able to assign part-time help to the inspector by altering our staffing patterns.

Lead Poisoning

One case of lead poisoning was reported in a three year old child within our Region. Our investigation revealed that the unfortunate child had located peeling lead paint on a fence around the property, in the hallway and kitchen and on the bathroom doors. Prior to the child being released from the hospital, the parents were advised to remove the paint. Fortunately, lead is now found only in those paints used for signs which are well out of reach of children. However, there may be older homes with peeling lead paint which seem to attract the very young.

Lack of Heat

We had our usual cold fall and winter seasons and the usual number of landlords who did not meet their commitment to provide heat by not paying their bills. However, our City of Hamilton Health By-law 4798 and The Health Protection and Promotion Act enables us to have the municipality pay the outstanding bills and have the amount added to the tax rolls and collected in like manner as taxes. Many tenants, in this predicament through no fault of their own, were kept warm by this procedure. Because of a concerted effort on the part of our staff and in order to avert court proceedings, several landlords have come forth with their payments. We must not forget that the cost of utilities in a country that seems to have unlimited supplies, has increased way out of proportion to the other costs of maintaining a building.

Statistics

Because of a shortage of staff, we were unable to maintain our C.A.P.H.I.S. (Computer Assisted Public Health Inspection Service) within our mandatory guidelines. There was a reduction from 92% in 1983 to 85% in 1984. The number of swabs have correspondingly decreased because of this lower frequency of inspections.

Although there were fewer food handler courses held, total attendance was much the same as in 1983.

The animals tested for rabies decreased considerably in 1984 and the total number of animals which were positive for rabies was less than half of that in 1983.

Fewer court cases were initiated in 1984. There were 32 cases as compared to 38 cases in 1983. Fines in 1984 totaled \$9,200. and \$9,750. in 1983.

There were no outstanding food poisoning investigations, which may be a reasonable indicator of the sanitary aspects of our food premises. This factor may also symbolize the success of our food handlers training courses and the diligence of our public health inspection staff.

Included in this report are the total number of inspections by type, the number of inspections under C.A.P.H.I.S., the number of types of animals tested for rabies, the number of culture swabs taken in restaurants and bars and a summary of court cases.

On Mr. Alan Tomlinson's behalf, I would like to thank Dr. Cunningham, Dr. Browne, members of the Special Committee of Health Services, our Management Committee, and our Inspection Division staff for their support, encouragement, and cooperation accorded in the name of always improving public service to our community and Regional Municipality.

Respectfully submitted,

Frank Shimoda, C.P.H.I.(C)
Director of Inspection Services

RECAP OF SCHEDULED PREMISES FOR 1984 (C.A.P.H.I.S.)

DISTRICT	NUMBER OF SCHEDULED PREMISES	INSPECTIONS SCHEDULED TO DATE		NUMBER OF CALLS MADE	COMPLETION RATE
		975	799 (929)		
1 West Hamilton	280 (290)	975	799 (929)	799 (929)	82% (95)
2 Central Hamilton	272 (260)	1046	575 (973)	575 (973)	55% (97)
3 Central Hamilton	258 (242)	1083	705 (735)	705 (735)	65% (73)
4 Central Hamilton	192 (238)	748	686 (817)	686 (817)	92% (94)
5 Central Hamilton	177 (185)	634	637 (575)	637 (575)	100% (93)
6 Central Hamilton	186 (191)	651	561 (684)	561 (684)	86% (98)
7 East End	245 (197)	871	817 (727)	817 (727)	94% (103)
8 East End	188 (186)	753	1114 (687)	1114 (687)	148% (97)
9 East End	197 (203)	654	849 (1119)	849 (1119)	130% (170)
10 East End	270 (259)	994	1079 (843)	1079 (843)	109% (92)
11 Stoney Creek	306 (297)	1237	796 (894)	796 (894)	64% (77)
12 East Mountain	204 (195)	762	559 (652)	559 (652)	73% (95)
13 Central Mountain	268 (274)	1013	837 (701)	837 (701)	83% (73)
14 West Mountain	352 (336)	1365	882 (950)	882 (950)	65% (65)
15 County	193 (183)	766	754 (722)	754 (722)	98% (99)
16 County	189 (187)	782	589 (619)	589 (619)	75% (86)
17 Miscellaneous	43 (47)	267	241 (282)	241 (282)	90% (99)
18 Level 2 Lodging Houses	59 (57)	337	287 (176)	287 (176)	85% (53)
19 Institutions	17 (17)	39	28	28	72%
TOTALS	3896 (3827)	14977 (14259)	12795 (13085)		
AVERAGES	205 (213)	788 (792)	673 (727)	85% (92)	

Numbers in brackets indicate 1983 totals.

REPORT FOR THE YEAR 1984

Dist. No.	Food Insp.	Re.	Other Insp.	Re.	Complaints	Re.	Licence Insp.	Re.	Other Visits	Re.	Septic Tanks	Re.	Septic Tanks	Comp: Septic Tanks	TOTALS
1	623	263	103	11	578	310	94	90	607	15	0	0	0	0	2694
2	276	225	50	19	489	380	74	138	292	13	0	0	0	0	1956
3	1000	37	38	0	431	107	282	8	448	3	1	0	0	0	2355
4	465	81	139	10	694	633	43	28	313	1	0	0	0	0	2407
5	723	48	102	0	729	515	101	27	251	12	0	0	0	0	2508
6	427	109	75	8	614	459	84	74	302	2	0	0	0	0	2154
7	812	167	169	3	471	131	90	28	178	5	0	0	0	0	2054
8	1291	103	80	8	324	261	58	50	295	0	0	0	0	0	2475
9	678	29	120	0	238	190	54	25	124	12	0	0	0	0	1477
10	976	80	57	0	549	311	100	30	277	10	0	0	0	0	2398
11	872	132	100	14	488	293	81	36	390	19	143	92	0	0	2668
12	649	100	80	7	531	172	22	0	253	0	60	40	0	0	1919
13	896	15	118	1	468	151	66	22	363	0	85	0	0	0	2202
14	696	104	92	1	384	207	72	32	489	0	118	0	0	0	2233
15	619	86	253	38	210	99	29	25	432	37	248	138	23	2237	
16	633	3	93	0	317	38	125	4	258	34	365	16	195	2081	
17	219	2	0	0	32	0	1	0	1324	0	0	0	0	0	1582
18	100	107	48	08	20	05	20	42	48	02	0	0	0	0	400
19	0	0	0	0	0	0	0	0	77	0	0	0	0	0	77
TOTAL	11955	1691	1717	128	7567	4262	1396	659	6721	177	1029	302	273	37877	

Total Inspections (including re-inspections) 15491
 Total Complaints (including re-inspections) 11829
 Total License Inspections (including re-inspections) 2055
 Total Other Inspections (including re-inspections) 6898
 Total Septic Tank Inspections (including re-inspections) 1604
 37877

INSPECTION DIVISION
SWAB REPORTS FROM
JANUARY 1ST - DECEMBER 31ST, 1984

<u>MONTH</u>	<u>BARS & BEVERAGE ROOMS</u>	<u>EATING ESTABLISHMENTS</u>	<u>TOTAL</u>
January	79	277	356
February	47	174	221
March	76	286	362
April	88	155	243
May	124	196	320
June	104	212	316
July	94	126	220
August	79	159	238
September	108	164	272
October	96	163	259
November	120	226	346
December	125	248	373
 Total	 1140 (1328)	 2386 (3265)	 3526 (4593)

Numbers in brackets are for 1983.

FOOD HANDLERS COURSES

1984

<u>MONTH</u>	<u>NUMBER OF COURSES HELD</u>	<u>ATTENDANCE</u>
January	9	212
February	11	218
March	14	307
April	5	105
May	4	75
June	4	41
July	4	123
August	5	66
September	6	81
October	9	186
November	5	100
December	3	44
<hr/>		
Total	79	1558

INSPECTION DIVISION

COURT CASES FROM

JANUARY 1ST - DECEMBER 31ST, 1984

<u>TYPE OF PREMISES</u>	<u>CHARGE</u>	<u>FINE</u>
1. Dwelling	Health Protection and Promotion Act	Guilty/\$150.00
2. Dwelling	Health Protection and Promotion Act	Guilty/\$350.00
3. Dwelling	By-Law	Guilty/\$100.00
4. Dwelling	By-Law	Plea of Guilty/\$100.00
5. Dwelling	By-Law	Guilty/\$250.00
6. Food Premises	Health Protection and Promotion Act	Dismissed
7. Food Premises	Health Protection and Promotion Act	Plea of Guilty/\$100.00
8. Dwelling	By-Law	Guilty/\$300.00
9. Dwelling	By-Law	Dismissed
10. Dwelling	By-Law	Guilty/\$500.00
11. Dwelling	By-Law	Trial in Absentia, Guilty/\$500.00
12. Dwelling	By-Law	Guilty/\$250.00
13. Dwelling	By-Law	Guilty 2 charges of \$250.00
14. Dwelling	By-Law	Dismissed
15. Dwelling	By-Law	Plea of Guilty/\$100.00
16. Dwelling	By-Law	Plea of Guilty/\$100.00
17. Food Premises	Health Protection and Promotion Act	Guilty/\$300.00
18. Dwelling	By-Law	Guilty 2 charges of \$1000.00
19. Dwelling	By-Law	Dismissed
20. Dwelling	By-Law	Guilty/\$50.00
21. Dwelling	Health Protection and Promotion Act	Guilty/\$700.00
22. Dwelling	By-Law	Tried in Absentia/Guilty/Suspended Sentence
23. Dwelling	By-Law	Tried in Absentia/Guilty/\$200.00
24. Dwelling	By-Law	Plea of Guilty/\$150.00
25. Dwelling	By-Law	Guilty/\$75.00
26. Dwelling	By-Law	Guilty/\$750.00
27. Dwelling	By-Law	Guilty/\$500.00
28. Food Premises	Health Protection and Promotion Act	Guilty/\$500.00
29. Dwelling	By-Law	Guilty 2 charges of \$150.00
30. Dwelling	By-Law	Guilty/\$150.00
31. Dwelling	By-Law	3 charges withdrawn/1 Plea of Guilty/\$75.00
32. Food Premises	Health Protection and Promotion Act	Guilty/\$150.00

TOTAL CHARGES: 32

TOTAL FINES: \$9,200.00 plus \$3.00 costs on each charge

THE REGIONAL MUNICIPALITY OF HAMILTON-WENTWORTH
DEPARTMENT OF HEALTH SERVICES

ANIMAL RABIES
JANUARY 1ST - DECEMBER 31ST, 1984

MONTH	NO. OF ANIMALS PROVEN POSITIVE FOR RABIES												TOTAL TESTED				
	FELINE 1984	CANINE 1983	BOVINE 1984	EQUINE 1983	OV. PORC. CAP. 1984	FOX 1983	RACCOON 1984	SKUNK 1983	BAT 1984	1983	1984	1983	1984	1983	1984	1983	
January										8				8	0	13	16
February										1	1			1	1	7	7
March			1					1	1				2 (11)	2 (3)	3 (23)	13 (36)	
April	1					1							1	1	11	16	
May												0	0	0	10	17	
June	1					1		1		0 (12)	4 (8)	9 (53)	28 (97)				
July							1			0	2	11	24				
August							3	1		1	3	16	18				
September	2		1			1				1	0 (13)	5 (18)	14 (94)	17 (156)			
October			2			1		1		0	4	8	13				
November			1				1		2	1	3	8	6				
December									5	0 (14)	7 (32)	9 (119)	13 (188)				
Yearly Total	0	4	1	0	1	5	0	1	0	11	12	0	14	32	119	188	

Figures in Brackets are the total number per quarter.

NURSING DIVISION - ANNUAL REPORT FOR 1984

I have the honour to report on nursing programs and services for 1984.

The nursing complement remained the same in 1984 as in 1983 with the exception that a .5 full time equivalent public health nurse was added to the family planning clinic in Stoney Creek in the latter 3 months of the year. Thus, the complement at years' end was: 1 director of nursing, 1 assistant director, 7 supervisors, 75.5 public health nurses, 7 registered nurses, 1 registered nursing assistant and 12 secretarial staff. In addition, other part-time public health nurses covered week-end responsibilities and taught prenatal classes.

NURSING SERVICES

Activities of nursing staff are recorded daily and processed through the Ministry of Health computer system. Data from this system are utilized for parts of this Report.

The percentage of time spent on selected activities in 1981, 1982, 1983 and 1984 was as follows:

Percentage Distribution of Time in Selected Activities

<u>Type of Activity</u>	<u>Year and Percentage of Time *</u>			
	<u>1981</u>	<u>1982</u>	<u>1983</u>	<u>1984</u>
Home Visiting	35	33	31	29
School	22	21	22	21
Office and Inservice Education	8	7	6	7
Phone Counselling	1	2	2	3
Group and Clinic Activities	4	3	4	6
Hospital Liaison	4	6	7	5
Physician Attachment	1	1	1	1
Community Agencies	4	5	5	5
Vacation	6	7	7	7
Illness	3	3	3	4
Other Absence	6	5	5	5
Other Activities	6	7	7	7
TOTAL PERCENT	100	100	100	100
Total Hours Each Year	146,466	149,376	151,951	152,313

* Rounded to nearest percent.

HOME VISITS AND INDIVIDUAL CONTACTS

Patients, individuals and families are counselled in homes, schools, community agencies and physicians' offices. The distribution of contacts with various age groups in 1984 as compared with the age distribution in the general population is as follows:

Distribution of Visits and/or Contacts and Age Groups 1984
Hamilton-Wentworth

<u>Age Group</u>	<u>% in Population</u>	<u>% of Contacts</u>	<u>Total Contacts</u>
0 - 1 year	1	13	11,497
1 - 4 years	5	4	3,348
5 - 14 years	15	19	16,915
15 - 19 years	9	12	10,987
20 - 64 years	57	29	25,645
65 - 74 years	6	9	8,482
75 years and over	<u>7</u>	<u>14</u>	<u>12,992</u>
TOTAL	100%	100%	89,866

When one considers the distribution in the general population, nursing services were concentrated on the very old and very young, with the exception of the preschool child, age 1-4 years.

MATERNAL/PARENT/INFANT SERVICES

1. Prenatal Classes

In 1984, Prenatal classes were held in 8 locations throughout the Region, namely Central Park School, Dundas, Waterdown District High School, St. Peter's Centre, Valley Park Community Centre, Red Hill Children's Centre, St. Joseph's Hospital, Henderson General Hospital and the Mountain office of the Health Department.

The majority of classes are held in the evening and are taught by part-time public health nurses. Ninety-nine percent of registrants are accompanied by a spouse or significant other person. Classes for single adolescent girls are taught by regular staff, who, in 1984, developed parenting classes as a follow-up to the single adolescent prenatal classes. These are held in the Ottawa Street Y.W.C.A. and Grace Haven. The need for further classes in 1985 was assessed and documented.

There were 672 registrants in prenatal classes in 1982, 764 in 1983 and 868 in 1984. There has been a dramatic increase in attendance at prenatal classes since 1980 when part-time staff were first utilized as teachers.

2. Early Discharge

Under the Early Discharge Program, mothers and infants may leave the hospital 7-48 hours after delivery. Expectant mothers who choose this option are assessed for suitability prior to delivery by the physician and public health nurse. After delivery public health nursing visits are made within the first day at home and once daily thereafter for 4 days and thereafter as necessary.

The program originated with McMaster University Medical Centre (M.U.M.C.); St. Joseph's joined in 1983 and Henderson General hospital in 1984. In 1982, 21 mothers and infants received early discharge, in 1983 there were 49 and 54 in 1984. Twenty-one regular staff and all week-end staff have received orientation to the program.

3. Parenting Classes

In addition to parenting classes for adolescent mums, 4384 parents attended 698 classes conducted by public health nurses on growth and development, nutrition, behaviour and other relevant topics.

4. Family Planning and Sexuality

The Birth Control Centre which is located on the 1st floor of the Stoney Creek office opened in December of 1983. Clinics were held from 3:30 to 7:00 p.m. two evenings a week until September of 1984, when an additional clinic was added in order to meet increasing demand.

Attendance at the clinic in 1984 was 692; 50% of clients were between 17-19 years of age; 72% were self-referred, 13 were referred by friends, 9% by other agencies and 6% by public health nurses. The clinic is staffed by public health nurses, a physician and a secretary.

In addition to clinic services, phone counselling was given on 385 occasions and 84 clients were seen by public health nurses outside clinic hours. Information and resources were supplied to several individuals and organizations. Also, public health nurses held 117 sessions for 1776 clients on topics related to sexuality and family planning in other locations throughout the Region (mostly in schools).

Preschool Services

Preschool (age 1-4 years) services in 1984 consisted mainly of activities related to preschool registration at which time the public health nurse reviews the child's health and immunization history with the parent or guardian and observes the child. The purpose is to identify health needs so that referral may be made to appropriate resources. In 1984, 4384 children were seen by the public health nurse in 698 clinics prior to school entrance. Hearing and vision screening for 5,500 kindergarten students was conducted by registered nurses and a registered nursing assistant early in the school year.

Nurses are assigned routinely to only 4 of the 35 nursery schools and day care centres in the Region with an enrollment of 2500 children. In 1984, several calls were received from parents and operators for information related to immunization, communicable diseases and other health matters. Plans will be made in 1985 for documentation of the needs of this age group relative to the Guidelines for Core Programmes of the Health Protection and Promotion Act.

SCHOOL HEALTH SERVICES Age 5-19 years

1. Counselling and Health Education

School health services include counselling students in elementary and secondary schools who may be referred by self, parents, school personnel, physicians and other health and social service agencies; acting as a consultant to teachers and principals regarding health related concerns, supplying health resource materials and assisting teachers in the promotion of healthy lifestyle classes and other health related topics.

The majority of sessions of family planning and sexuality sessions referred to previously were held in schools, as were 332 sessions on lifestyle topics, 21 on sexually transmitted diseases, 78 on nutrition and 10 on suicide prevention.

2. Vision and Hearing Screening

Vision screening was carried out for Kindergarten, Grades II and III students, other students referred by self or teachers and including those who were new registrants. Hearing screening was conducted for Kindergarten and Grade III students and those referred as above. This is in keeping with the Health Protection and Promotion Act, Regulations for School Programs and Services.

Nursing staff conducted 17,396 vision tests and 12,154 hearing tests and referred 6% of students for vision follow-up and 4% of students for hearing follow-up.

3. Immunization

The Immunization of School Pupils Act which was passed in 1982 requires the Medical Officer of Health to maintain a record of each student's immunization status and to ensure the provision of the recommended immunization.

By December of 1983, immunization data were gathered and assessed for 23,000 students and entered onto the computer system. By December of 1984 a further 23,463 records of immunization were gathered and assessed by public health nurses and transferred to the computer system by secretarial staff. In addition to secretarial time, a total of 800 nursing hours were spent in this endeavour.

Main problems remained as in previous years, that is, inadequate or no records kept by parents, transfer of pupils throughout the system and time spent in contacting parents and physicians.

The immunization team of 2 registered nurses offered measles, mumps and rubella (M.M.R.) and booster Tetanus, diphtheria and Polio (D.P.T.) to students from kindergarten to Grade VIII who were due for these and initiated M.M.R. clinics for school "leavers" - that is students in Grades X and XII. At 130 clinics, 2583 students received injections.

Primary immunization which is required for school entry consists of the first three injections ("baby needles") and one booster for protection against diphtheria, whooping cough, tetanus and polio (combined) and one approved injection for measles, mumps and rubella. Of a total of 46,463 students on the computer system, 20% had this basic immunization; 30% were incomplete. In addition 11% were due a booster for diphtheria, tetanus and polio while 19% required measles, mumps, rubella.

4. Research: Teen Project

This study was developed by McMaster University in cooperation with the Hamilton Board of Education and the Department of Health Services. Its purpose is to offer an opportunity for discussion of sexuality, family planning and related topics in order to reduce the teenage pregnancy rate in the study population - Grade VII and VIII students.

The pilot phase of the project was completed in Spring of 1984 in two schools with plans for a further 11 schools to be included in the study group in the school year of 1984-85. Twenty-three public health nurses attended an extensive training program in order to act as group leaders with teachers. The University re-imbursed the Nursing Division for time spent in the project. As agreed, the Division paid for benefits, travel and other costs.

GERIATRIC SERVICES

Nurses visit patients in hospitals, homes and physicians' offices and hold group sessions and clinics regarding medications, exercise, nutrition and medical conditions such as diabetes, cancer, heart diseases and hypertension.

The Assessment and Placement Service is a standardized assessment process which allows for the assignment of persons to the type of care that best suits their need. In 1984, public health nurses completed 436 assessments.

HOME CARE: WEEK-END AND AFTER HOURS SERVICES

Home Care, a program which is funded by the Ministry of Health and administered by the Victorian order of Nurses is a core program under the Health Protection and Promotion Act.

The program is designed to meet patients' needs in the home through provision of nursing, physiotherapy, occupational therapy and homemaking services as required. During 1982, public health nurses made 2413 visits to Home Care patients; in 1983, 2133 visits and in 1984, 2712 visits were made. The time spent in Home Care visits is 100% funded by the Ministry of Health.

Since 1982, week-end after hours' coverage has been provided by the Nursing Division. Week-end visits are pre-scheduled and/or are in response to "beeper" calls. During 1984, 236 home visits were made on week-ends and holidays, 46 new patients were admitted to care, a further 136 patients were counselled on the telephone; 61% of visits were to patients on the Home Care Program.

HOSPITAL AND PHYSICIAN LIAISON SERVICES

Public health nurses are assigned to McMaster University Medical Centre, St. Joseph's, Henderson and Hamilton General Hospitals in order to identify high-risk patients facilitate referrals and coordination of care. In 1984, assessed 9,728 patients and referred 7,270 to nurses in the community. Of these, 18% were referred to each of Mountain and Main offices, 15% to Dundas office (which covers parts of West Hamilton and a large part of the County) and 14% to each East and Stoney Creek offices. Fifty percent of the 7270 referrals were mothers and newborn infants.

The nurse assigned to Hamilton Psychiatric Hospital visits patients in the hospital, leads community therapeutic discussion groups and carries a case load of psychiatric patients.

Other Referrals

In addition to the foregoing, nurses received 2842 other referrals from other health or social service agencies such as physicians, Childrens' Aid Societies and other Health Departments.

BEREAVEMENT SERVICES

Recognizing that loss of a close family member poses a high stress factor with potential for breakdown, public health nurses visit patients who are referred for bereavement counselling.

In 1983, the year the program began, 123 bereavement cases were carried by public health nurses. Of these, 29 were considered to be high risk.

The referral source and type of loss of these patients was as follows:

<u>Referral Source</u>	<u>No.</u>	<u>Type of Loss</u>	<u>No.</u>
Hospital Liaison	85	Spouse	66
Physician	12	Parent	13
Self & Family	6	Child under 1 yr.	10
Other P.H.N.s	9	Child over 1 yr.	14
Home Care	5	Stillbirth	25
Other	16	Other	9
TOTAL	137	TOTAL	137

In addition to bereavement counselling, public health nurses carried 46 palliative care cases. In initial stages, visits are made to bereavement and palliative care patients at least once weekly, then every 2-4 weeks and every 5-8 weeks until discharged and/or deceased.

LODGING HOMES

Lodging home inspections and follow-up of residents continued to demand a considerable amount of nursing time in 1984. One registered nurse was assigned full time and one part-time to inspection activities. In addition, a number of residents were carried on the case load of public health nurses.

These homes house a number (350) of psychiatric patients. It was apparent that they required extra attention and care and that the operators would benefit from information and support in relation to understanding behaviours of patients, medications, nutrition and stimulation in the activities of daily living. Thus the proposal that was developed for these and other community mental health needs received first priority rating with the District Health Council.

Nursing staff work closely with the Health Inspection Division in inspecting these homes and advocating for care of residents. Also, Nursing, Inspection and Nutrition Divisions cooperated in presenting an educational program for lodging home operators.

MENTAL HEALTH PROMOTION AND CASE MANAGEMENT PROGRAM

As indicated in the foregoing, the proposal for this program included case management of selected ex-psychiatric patients in lodging homes, follow-up of referrals of mentally ill patients from other sources, attachment of a public health nurse to family physicians' practice where there are opportunities for team work in co-ordination and giving of care and health promotion and prevention for those at high risk to develop mental illness.

The original proposal called for one psychiatric clinical nurse specialist, 10 public health nurses who would function as members of a treatment team to include an occupational and physiotherapist and physicians.

The Ministry approved initial funding for the supervisor, one secretary and three public health nurses.

HEALTH PROMOTION

General

Public health nurses are health teachers in that they take every opportunity to impart information and encourage healthy lifestyles. Time spent in health promotion sessions increased from 4% in 1983 to 6% of the total time in 1984: 1162 sessions with an attendance of 18,627 were held in 1984 on such topics as exercise, safety, nutrition, mental health, drugs & alcohol, child health, family planning, aging, sexually transmitted diseases, sexual and child abuse and interpretation of public health services.

Other Health Promotion

Staff nurses and supervisors serve on various committees and task forces directed towards health promotion. The following are examples of some of these activities.

One public health nurse served as chairman of the Council on Suicide Prevention, acted as a consultant to other nurses and addressed 10 groups. Attendance at these meetings consisted of 658 students and teachers. The Council developed a Handbook on Suicide Prevention.

One supervisor served on the Board of Directors of the Council on Road Trauma and conducted a survey of knowledge and use of car seats for new infants. Results of this survey are to be published in 1985.

Five nurses assisted students in developing projects for the annual "Eat Sensibly" contest. Two of these schools were selected for awards.

During the Week-of-the-Child, the Nursing Division sponsored what proved to be a very popular and successful project. The main theme was Planning for Pregnancy and the programme included such topics as fertility, infertility, adjustment to pregnancy, financial and legal aspects of pregnancy.

The community educator (public health nurse) for family planning lead discussions for a wide variety of groups, for example, inmates of Hamilton Detention Centre, Amity, John Howard Society, Arrell Observation Home, Big Sister Association, Y.W.C.A., and two local church groups.

STUDENT EXPERIENCES

Forty undergraduate and one graduate nursing student spent from 3-4 days a week for 8 weeks with the Nursing Division during Fall and Spring terms. Preparations were made for clinical experience for nurses from Pakistan through the Aga Khan project which is coordinated by McMaster University. The purpose of the project is to prepare nurses to work in roles in community health in Pakistan. Two professors from New Zealand visited on different occasions. One master's student from Newfoundland spent one month with the Division in order to gain clinical experience in working with psychiatric patients in the community.

For the first time, 10 secretarial students from Hamilton and Roman Catholic Separate School Boards Co-operative Education Program were placed with us during the fall and spring terms. This proved to be a valuable experience for both these students and our secretarial staff who acted as field guides.

TEACHING HEALTH UNIT

During 1984, the Ministry approved the Proposal for Development of Hamilton-Wentworth Department of Health Services as a Teaching Health Unit. Further plans and progress were made towards implementation of this exciting endeavour in which joint appointees to the Health Department and University will divide time between education, services and research. In addition to nursing students, medical and other health sciences students will receive experience in the Department.

CONCLUSION

This report highlights some of the activities of the Nursing Division in 1984 and is respectfully submitted.

Myrtle L. Kirstine, R.N., M.Sc.N.
Director
Public Health Nursing Services

NUTRITION SERVICES - ANNUAL REPORT FOR 1984

I have the honour of reporting on the role, programmes and activities of Nutrition Services during 1984.

Under the mandate of The Health Protection and Promotion Act, Nutrition Services has three mandatory health programmes and services:

- Identification of Community Nutrition Education Needs
- Nutrition Education Services to Board of Health Programmes
- Nutrition Education Services to the Community

The health prevention and promotion activities which took place during 1984 have been channelled into these three major undertakings.

I. IDENTIFICATION OF COMMUNITY NUTRITION EDUCATION NEEDS

With the addition of a second public health nutritionist in February, 1984, a community nutrition education needs assessment was designed and implemented. Its purpose was to identify and document the nature and magnitude of nutrition-related health problems. A variety of information sources including Statistics Canada, the Social Services Planning Committee, the Regional Planning Department, and District Health Council provided data on population demographics, socioeconomic indicators, age-related mortality and morbidity rates and other relevant statistics.

Additional input from health professionals and community agencies was sought to identify common concerns, and to facilitate the development of joint projects. This data base (completion date: December, 1985) will enable Nutrition Services to focus on the needs of target groups identified at nutritional risk due to adverse health, social and/or economic factors. Once these priorities for nutrition interventions are established, a variety of strategies can then be used in programme implementation specific to the particular objectives and target groups involved.

Liaison activities are carried out to develop rapport with agencies, groups and individuals who are involved in nutrition education. Nutrition Services maintains formal liaison with the District Health Council via membership on the Health Professionals Co-ordination Group 'A' Committee, and with the Hamilton-Wentworth Nutrition Committee. Ad hoc communication channels are established with a variety of organizations including the three Boards of Education, the five hospitals, the local chapters of the Canadian Cancer Society, the Canadian Diabetes Association, the Canadian National Institute for the Blind, the Children's Aid Society and the Consumers Association of Canada. Well over fifty meetings were attended to plan, coordinate and implement nutrition education opportunities.

These meetings served as an opportunity for the nutritionists to become aware of changes and trends in the community, and to exchange information regarding specific service programmes, gaps and duplication of services.

II. NUTRITION EDUCATION SERVICES TO BOARD OF HEALTH PROGRAMMES

Nutrition education components are being developed for each Board of Health programme. The Maternal/Parental Health Services programme provided by the Nursing Division, was given first priority. Educational resources were developed to facilitate the teaching of nutrition in the childbirth education classes. A total of five prenatal kits and four postnatal kits complete with all the material to present the session were prepared.

In addition to classroom resources, an infant feeding in-service was presented to each of the twelve nursing teams (including the prenatal instructors). This programme was designed to familiarize the nursing staff with the resource Infant Nutrition - A Guide For Professionals, prepared by the Ministry of Health. The Nurses' Day Book was updated to include these recommended infant feeding practices. As a result of the infant feeding in-service, a number of information sheets were prepared in answer to the nurses' questions.

Similarly, a more formalized nutrition education component was added to the Dental Health programme. The Nutrition Division, in consultation with the Dental Division, devised a curriculum guide for grade five students on sensible eating patterns and snacking. Nutrition Services developed the supporting resources for this programme. Also, background information on diet and oral health was provided to the dental staff.

A counselling tool illustrating the nutritional side effects contraceptive methods can have on the body was prepared for the Birth Control Clinic in Stoney Creek. A nutrition education student from the University of Guelph developed the content for the flipchart and a graphic artist was hired to present this material in an appealing manner to teenagers.

Consultation services regarding nutrition in the lifecycle, therapeutic diets, food fads, weight loss, food buymanship, etc. were provided to the public health staff on request. Many of these concerns became the focus of the Nutrition Update, a bi-monthly newsletter distributed to Board of Health staff and other health professionals in the community. The newsletter informs them of new trends in nutrition, relevant research findings, new resources and programme highlights. A large demand for additional resources on calcium, potassium and fibre prompted Nutrition Services to develop three fact sheets to be distributed with the Nutrition Update.

III. NUTRITION EDUCATION SERVICES TO THE COMMUNITY

1. Consultation

The multi-disciplinary approach to community nutrition education can be successful only if personnel in the fields of health, social services and education have access to accurate and reliable nutrition information. To promote an understanding of nutrition, community members are encouraged to consult with the public health nutritionists on a wide variety of topics. The number of information requests has steadily increased throughout the year, and the ability to respond to these service demands has been facilitated by expanded clerical support. The following table indicates the frequency of requests for nutrition consultation.

TABLE I: SUMMARY OF RECIPIENTS OF NUTRITION CONSULTATION

<u>Audience</u>	<u>Frequency of Service</u>
Health Agency	417
Other Professionals	472
Community Lay Leaders	98
School Teacher/Consultant	33
School Students	48
Professionals-In-Training	36
Consumers	311
Industry	58
Media	43
Food Service Providers	27

Food Service consultations comprised a new area of service in 1984. At the request of Community and Social Services, a nutritionist participated in an educational session for the operators of Second Level Lodging Homes. Previously, the nutritionist had been asked to develop guidelines for Section 34 of the Second Level Lodging Home By-Law. This in-service allowed the nutritionist an opportunity to interpret the By-law and guidelines for the operators. As well, educational resources on general nutrition, food service managements, special diets, and dietary interactions with medications were distributed to the operators. Following the in-service, several requests for menu assessment were dealt with on a "once only" basis; additional menu assessments will be referred to registered professional dietitians in the community.

In addition to consultation services, the nutritionists accepted guest speaking engagements to several professional and community groups. The topics for these presentations varied considerably, however the most popular topics included nutrition facts and fallacies, infant and early childhood nutrition, and weight control. Of particular interest was a presentation on "The Role of Preventative Nutrition in Health Care" given during health promotion rounds at the McMaster Family Practice Unit, followed by a tutorial session for fourth year clinical clerks in family medicine.

The bi-monthly newsletter, "Choose Nutrition Now", continues to receive positive feedback from its readership. This year the McQuesten Community Journal has included the newsletter in its monthly publication. Topics discussed in the newsletters were childhood obesity, nutrition nonsense, dietary fats, nutrition for campers, school lunches, and energy balance. Several issues became the focus of local radio and newspaper features, causing the mailing list to expand to include community agencies, service groups, health professionals, educators, and consumers.

2. Nutrition/Health Promotion

Nutrition Month 1984 was highlighted with a public forum and press conference held at The Spectator Building. This event was organized by the Hamilton-Wentworth Nutrition Committee, under the chairmanship of the Director of Nutrition Services. The theme for the March promotion was "Facts and Fallacies". Those attending the forum were informed of the hazards of nutrition misconceptions and encouraged to check with a registered professional dietitian before altering their dietary regime.

The media responded to this theme by conducting several live and taped interviews. The Spectator, CHCH-TV and CHML carried the Nutrition Month message. Nutrition Services also promoted sensible nutrition through open-line talk shows on the John Hardy programme (CHML radio) and the Tom Cherington programme (CHCH-TV).

The Eat Sensibly Contest, which encourages high schools to take an interest in nutrition, was sponsored again this year by the Ministry of Health. Seven high schools from the Hamilton area entered. This high participation rate was a direct result of the encouragement and support offered by the public health nurses in those schools. Each participating school developed a nutrition education project involving the entire student body and the neighbouring community. Local winners were Caledon and Briarwood High Schools.

3. Nutrition Resource Centre

In April, a second clerical support staff member joined Nutrition Services and assumed complete responsibility for the Nutrition Resource Centre. In 1984, she received 3,879 requests for pamphlets, posters, newsletters, and other handouts. This is a 31.4 percent increase over 1983. Additionally, 244 requests for audiovisual aids and teaching kits were processed. Heavy users of the Nutrition Resource Centre were the health unit staff (28%), other health professionals (29%) and the general public (22%). The interest in nutrition among Hamilton-Wentworth residents and our ability to provide nutrition information continues to grow as shown by the increasing demand for nutrition resources in 1984.

4. Professional Development and Service

Inherent in the philosophy of Nutrition Services is the commitment to provide guidance and community-based field experiences to professionals-in-training. These students are involved in program/resource development while gaining an understanding of community nutrition. During the year Nutrition Services supervised the field placement for two University of Guelph nutrition students, a University of Toronto graduate student, and two dietetic interns. Participation in these practicum sessions facilitates liaison with universities and hospitals, which in turn keeps the nutritionists current with research findings and professional responsibilities. Expansion in this area seems likely now that the Health Unit has been designated as a "teaching" facility.

IV. DISCUSSION

Nutrition Services is a young division with great potential to improve public awareness and acceptance of positive lifestyle choices. During 1984, inroads have been made to reduce the number of misconceptions involving nutrition. Considerable effort was made to ensure that nutrition programming is incorporated where appropriate in many health and social service areas. Much of this expansion can be attributed to the addition of a second public health nutritionist and secretary.

The management of Nutrition Services has become more appreciable with the expansion of staff. Accountability has been facilitated by the development of an information system derived from standardized records. This data base will be used to evaluate existing programme demands, determine programme needs, document time and effort, cost services provided and forecast manpower requirements. The impetus for this procedure was a recognized need for quality assurance and the movement towards the Modified Program Planning Budgeting System (MPPBS) by the Region.

In closing, I wish to acknowledge the support Dr. A.I. Cunningham and the Division Directors have provided Nutrition Services. Such teamwork directly assists us in achieving present and future goals. Finally, I want to thank the clerical staff that so willingly assisted Helen and myself through the year.

Respectfully submitted,

Anne Kennedy, M.H.Sc., R.P.Dt.
Public Health Nutritionist

VENERAL DISEASE

TOTAL CASES REPORTED IN 1984

(from all sources)

AGE GROUP	GONORRHEA			SYPHILIS			CHAMIDIA			HERPES		
	MALE	FEMALE	TOTAL	PERCENT	MALE	FEMALE	TOTAL	PERCENT	MALE	FEMALE	TOTAL	PERCENT
0 - 19 yrs.	49	127	176	(23%)	1	0	1	(4%)	13	24	37	(27%)
20 - 24 yrs.	152	246	298	(39%)	1	2	3	(13%)	44	20	64	(48%)
25 - 39 yrs.	138	109	247	(32%)	11	1	12	(50%)	29	5	34	(25%)
40+ years	22	8	30	(4%)	4	4	8	(33%)	0	0	0	(0%)
Not Stated	4	7	11	(2%)	0	0	0	(0%)	0	0	0	(0%)
TOTALS	365	397	762	(100%)	17	7	24	(100%)	86	49	135	(100%)
PERCENT	(48%)	(52%)	(100%)	(71%)	(29%)	(100%)	(64%)	(36%)	(100%)	(22%)	(78%)	(100%)

1984 CLINIC INFORMATION

	1984	1983
Total attendance at Special Treatment Clinic	2135	1822
Total New Patients (1st attendance)	775 (36%)	936 (51%)
- Diagnosed as Gonorrhea	167 (8%)	216 (12%)
- Diagnosed as Syphilis	27 (1%)	11 (1%)

CERTAIN COMMUNICABLE DISEASES REPORTED - ALL AGES

<u>DISEASES</u>	<u>DATE LAST REPORTED</u>	<u>CASES 1983</u>	<u>CASES 1984</u>	<u>DEATHS</u>
AIDS		0	1	1
BRUCELLOSIS		0	1	
CHICKENPOX		16	97	
DIPHTHERIA		0	0	
DYSENTRY (a) Amoebic		8	16	
(b) Bacillary		6	5	
(c) Unspecified & Other		14	19	
ENCEPHALITIS (a) St. Louis	1975			
(b) Unspecified		0	0	
(c) Infectious		0	0	
(d) Viral		1	2	
GASTRONENTERITIS (a) Campylobacter Jejuni		77	113	
(b) Salmonella		138	152	
GERMAN MEASLES (Rubella)		2	1	
GIARDIA LAMBLIA		84	149	
GILLIAN BARRE SYNDROME		3	2	
HANSEN'S DISEASE		0	2	
HEPATITIS (a) Infectious			6	
(b) Serum			40	
(c) Non-Specific			3	
LEGIONNAIRE'S DISEASE		0	2	
MALARIA		4	1	
MEASLES (Rubeola)		1	5	
MENINGITIS (a) Viral		2	9	
(b) Haem. Infl.		8	6	
(c) Pneumococcal		3	2	
(d) Neisseria		5	3	
(e) Non-Specific & Other		13	12	
MENINGOCOCCAL INFECTIONS		2	2	

<u>DISEASES</u>	<u>DATE LAST REPORTED</u>	<u>CASES 1983</u>	<u>CASES 1984</u>	<u>DEATHS</u>
MUMPS		0	3	
PERTUSSIS		39	11	
POLIOMYELITIS	1959	0	0	
Q. FEVER		0	1	
REYE'S SYNDROME	1981	0	0	
SCARLET FEVER & STREPTOCOCCAL SORE THROAT		8	8	
TETANUS		0	0	
TUBERCULOSIS - NEW CASES	(a) Pulmonary	14	20	
	(b) Other	9	11	
TYPHOID & PARATYPHOID FEVER	(a) Typhoid	0	3	
	(b) Paratyphoid	1	2	

DEMOGRAPHIC SUMMARY

LAST AVAILABLE FIVE YEARS - 1980 - 1984

YEAR	POPULATION	LIVE BIRTHS NUMBER	LIVE BIRTHS RATE (1)	TOTAL DEATHS NUMBER	TOTAL DEATHS RATE (2)	INCREASE RATE (1)
1980	411,545	5,568	13.5	3,405	8.2	5.2
1981	411,450	5,562	13.5	3,291	8.0	5.5
1982	414,450	5,657	13.6	3,276	7.8	5.7
1983	414,450	5,464	13.2	3,041	7.3	5.9
1984	414,450	5,657	13.6	3,061	7.3	6.3

LAST AVAILABLE FIVE YEARS - 1980 - 1984

LIVE BIRTHS, MATERNAL, INFANT MORTALITY & STILL BIRTHS

YEAR	LIVE BIRTHS	INFANT DEATHS		STILLBIRTHS	
		Number	Rate	Number	Rate
1980	5,568	51	9.1	47	8.4
1981	5,562	44	7.9	35	6.3
1982 (2)	5,657	50	8.8	44	7.7
1983 (2)	5,464	38	7.0	41	7.5
1984 (2)	5,657	35	6.1	30	5.3

(1) Per thousand population

(2) Provisional Data

(3) Reference: "Some Vital Statistics" prepared by the Province of Ontario.

VITAL STATISTICS (1984) - YEARLY AGGREGATE TO DATE

Live Births (Resident)	5,012
Infant Deaths (Resident)	27
Still Births (Resident)	30

CHIEF CAUSES OF DEATH (1984)

Residents of Hamilton

Malignant Neoplasms	789
All Other Artery Diseases	493
Heart Attack	491
Pneumonia, Bronchitis, etc.	286
Diabetes Mellitus	74
Infant Deaths (up to 1 year)	27
Accidental Causes	63
Still Births	30
Suicide	10
Homicide	0
Congenital Malformations	50
All Other Causes	1,003
TOTAL DEATHS -	<hr/> 3,316

REVENUES AND EXPENDITURES

JANUARY 1, 1984 to DECEMBER 31, 1984

REVENUE

Province of Ontario

Ministry of Health	\$ 4,364,575
Ministry of Community and Social Services	1,041,435
Ministry of the Environment	61,370
<u>Regional Municipality of Hamilton-Wentworth</u>	1,584,905

<u>Summer Canada</u>	12,540
----------------------	--------

Fees for Service

Immunization	855
Home Care	50,425
Prenatal Courses	35,215
Septic Tank Inspections	19,815
McMaster University	13,660
Miscellaneous	8,655
	\$ 7,193,450
	<hr/>

JANUARY 1, 1984 to DECEMBER 31, 1984

EXPENDITURES

Executive Services	\$ 172,090
Administrative Services	504,050
Nutrition Services	113,045
Nursing Services	3,400,590
Prenatal Clinics	31,745
Home Care Program	47,900
Family Planning	38,385
Community Educator	36,375
McMaster Research Study	13,660
Dental Prevention Services	305,070
Dental Treatment Services	315,815
Inspection Services	898,075
Environmental Program	19,550
Child & Adolescent Services	1,059,685
Planned Parenthood	190,555
Retirement Sick Leave	46,860
	<hr/>
	\$ 7,193,450
	<hr/>
	<hr/>

PER CAPITA COSTS

YEAR	POPULATION	TOTAL COST	COST/CAPITA
1984	414,470	\$7,193,450	\$ 17.36
1983	412,000	6,463,505	15.69
1982	412,000	5,972,315	14.50

HAMILTON PUBLIC LIBRARY



3 2022 21292272 4